

**ILLINOIS DEPARTMENT OF PUBLIC AID  
COMPLAINT ABOUT HEALTH INFORMATION USES AND DISCLOSURES**

- Federal law requires the Illinois Department of Public Aid (Agency) to protect the privacy of the personal health information that it has about you or its other clients.
- You have the right to complain in writing about how the Agency, or other people or organizations that work for the Agency, used or shared your personal health information or the personal health information of its other clients.
- The Agency cannot take action against you because of this complaint.
- Please give as much detail as you can so the Agency can investigate this event and improve the ways it protects the privacy of the personal health information it has.

My name: ..... Date of birth: .....

Recipient I.D. Number (RIN): ..... (if applicable)

Address: .....

Telephone number: .....

E-mail address: .....

What is the best way to reach you: .....

When is the best time to reach you? .....

**Details of your complaint:** Please be specific about dates, times and the policy, procedure or action taken. Please include the names of anyone at the Agency with whom you discussed your complaint. Use the other side if you need more room.

.....  
.....  
.....  
.....  
.....  
.....  
.....

Signature: ..... Date: .....

**Send this Complaint to:**

Privacy Officer  
Illinois Department of Public Aid  
P.O. Box 19159  
Springfield, IL 62794-9159

Fax: 1-312-793-2005

**Contact the Illinois Department of Public Aid  
Privacy Officer:**

Privacy Officer  
Illinois Department of Public Aid  
P.O. Box 19159  
Springfield, IL 62794-9159

Toll-free telephone: 1-800-226-0768  
(Health Benefits Hotline)

Toll-free for persons using a TTY: 1-877-204-1012

Fax: 1-312-793-2005

e-mail address: [privacyofficer@mail.idpa.state.il.us](mailto:privacyofficer@mail.idpa.state.il.us)